

## Abstract

**Background:** variances amongst the cultures of health care services providers and consumers are recognized as a fundamental obstacle for dignified quality maternal care. Few studies have exploited context specific innovations such as cultural competence to reduce health disparities for priority populations. Data in this field may provide clarity and pathways for its operationalization in achieving respectable and equitable quality health care.

**Methods:** This was a cluster randomized trial in Marakwet, Kenya. The study aimed at evaluating the effects of cultural competence intervention in improving quality of maternal care service. Data was collected through a client exit complemented by mystery client before and after the intervention. The sample size was 758 respondents proportional distributed per cluster and sample consecutively. Statistical Package for Social Science (SPSS) was used to analyze the data. The effect of the interventions was measured using standard mean difference and t-test.

**Results:** The results showed that intervention improved quality of delivery rooms settings. The means of two groups were indifferent pre-intervention ( $t(749) = -0.380, p = 0.704$ ) but significant thereafter  $t(756) = -5.214, p < 0.001$ . The intervention effect size was ( $F(1, 756) = 10.142, p = .001, \eta^2 = 0.036$ ). The score of trust in provider was insignificant before  $t(692) = -957, p = 0.339$  but significant later  $t(690) = -6.137, p = 0.001$ . The mean of the intervention improved to  $4.26 \pm 0.698$  from  $4.05 \pm 0.727$ . The effect size was significant ( $F(1, 756) = 6.395, p = 0.012, \eta^2 = .018$ ).

**Conclusion:** people first care intervention prompt facility and providers to make concerted efforts in provision of quality maternity services. Additionally, the concept of cultural competence prioritizes patients' needs for reengineering people centered services and provide ambiance for enhanced patient-provider relationship